

NOV 17 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Dr. H. J. Zell
Do not use this space.

1. PLACE OF DEATH

County GreeneRegistration District No. 318Township Springfield No. 736Primary Registration District No. 2001City SpringfieldNo. 736Ward WardFile No. 37708Registered No. 1034St. Mo.Ward Ward

2. FULL NAME

(a) Residence, No. 736

(Usual place of abode)

St. Ward

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

da.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF George Dean

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

June 3 - 1889

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

2548426

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

same

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Webster Co. Missouri

MOTHER

13. NAME

Henry W. Mizell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Paducah, Ky. Tennessee

15. MAIDEN NAME

Mary Cape

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

New York

17. INFORMANT (ADDRESS)

Henry W. Mizell Springfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Maple Park, Mo. Oct 31, 1937

19. UNDERTAKER (ADDRESS)

Anna L. Mizell Springfield, Mo.

20. FILED

Oct 31, 1937

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

Oct 29 - 1937

22. I HEREBY CERTIFY, That I attended deceased from

Oct 20, 1937, to Oct 29, 1937I last saw him alive on Oct 29, 1937 Death is saidto have occurred on the date stated above, at 7:30 P.

The principal cause of death and related causes of importance were as follows:

Date of onset

Carcinoma of Cecum
w/ metastasis
to liver lungs

Other contributory causes of importance:

HB

Name of operation

Radical Proctectomy

What test confirmed diagnosis?

Chloroform

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

W. A. Schull

(Address)

Springfield, Mo.

M. D.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

